

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053710

1. Corporation Name

IVAN R. NEGRON, DMD, PA

Principal Place of Business

4726 N.E. MIAMI COURT
MIAMI FL 33137

Mailing Address

4726 N.E. MIAMI COURT
MIAMI FL 33137



100009003801
11/14/02--01062--003 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1108827

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NEGRON, IVAN R	4726 N.E. MIAMI COURT	MIAMI FL 33137

8. Name and Address of Current Registered Agent

NEGRON, IVAN R
4726 N.E. MIAMI COURT
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02

Daytime Phone #

CR2E040 (8/02)

Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

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LYDIA
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November 1, 2002

Division of Corporations
Reinstatement Section

P. O. Box 6327

Tallahassee, Florida 32314-6327

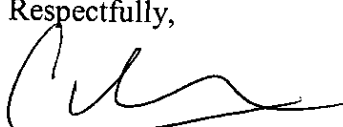
Re: Enclosed Reinstatement Application for Ivan R. Negron, D.M.D., P.A.

Gentlemen,

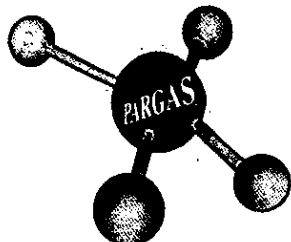
The above corporation never received their annual report renewal request from the Secretary of State on or about January of 2002. Consequently, the corporate charter has been dissolved or revoked.

On behalf of the client, we are submitting a \$150 check and completed form 2002 UBR to reinstate the corporate charter and we plead, due to reasonable cause, that all penalties be waived under the circumstances.

Respectfully,


Carlos B. Pargas, C. P.A.
Reg. Investment Advisor

Enclosures



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Phone: (305) 273-0990 • Fax: (305) 273-5055 • Email: pargascpas@pargascpas.com

Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,
Florida Institute of Certified Public Accountants, American Institute of Certified Public Accountants
Tax Division and Personal Financial Planning Division

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